

## **Nurse's Daily Summary of Health Services Encounters Instructions**

**Purpose:** The Nurse's Daily Summary of Health Services Encounters form was designed to assist school nurses with keeping accurate information for local school district reports as well as for state level reporting. The data generated for state level reporting will make possible the provision of health services data to interested persons or groups when needed for legislative requests and other reports.

**Process:** Each year the State School Health Nurse Consultant will identify a **specific two-week period** during which the information noted on the Nurse's Daily Summary of Health Services Encounters form should be collected. At the end of the two-week period, totals for each section of the Daily Summary of Health Services Encounters form should be tallied and reported to the designated person within your school district using the Nurse's Daily Summary of Health Services Encounters Report form. The designated person for your school district will combine the totals from each nurse and submit district level totals to the State School Health Nurse Consultant. ***The survey period for the 2007-08 school year (this current school year) is from January 28, 2008 to February 8, 2008.***

### **Instructions for Completing the Nurse's Daily Summary of Health Services Encounters Form:**

Note: The school nurse assigned to the school should complete the form. The Nurse's Daily Summary of Health Services Encounters form (tally form) is provided as a resource. If your school district is using an electronic health record, you may be able to retrieve the information needed to complete the Report form at the end of the two-week period from the electronic database. The process to be used for collecting the information should be discussed with the school district nursing supervisor or lead nurse.

**Date:** Enter the current date (date that services are being provided).

**School:** Enter the name of the school. If you serve more than one school during a given day, a separate Daily Summary of Health Services Encounters form should be completed for each school setting.

**Total Student Encounters:** Place one check mark or "x" in a box to represent ***each student*** that you see for medication, acute illness treatment, injury treatment, a special procedure, and/or health counseling. For the purposes of completing this form, special procedures that are being performed by unlicensed assistive personnel (UAP) under your guidance and direction should be counted as a nurse encounter.

**Total Staff Encounters:** Place one check mark or "x" for each staff encounter for health services (blood pressure checks, illness consults, etc.).

**General Description of Health Services Related To Student Encounters:** Place one check mark or “x” in the appropriate area that describes the type of services rendered during the student encounter – medication, acute illness treatment, injury treatment, special procedure, health counseling or parent/teacher communication). Note that there may be multiple services provided during one encounter.

- In the space for “Special Procedures,” place one check mark or “x” for each special procedure provided (e.g., catheterization, tube feeding, diabetic care, suctioning). There are three spaces for listing special procedures. If you provide more than 3 different types of special procedures during one school day, you may make notations on the back of the form or use a second form. If you make notations on the back of a form please create a reminder so that you do not forget to include the notations on the back when totaling your data at the end of the day. Special procedures performed by UAP who are providing care for students under your guidance and oversight should also be noted in this area.
- Examples of “Student Health Counseling” include counseling related to specific health conditions, hygiene, nutrition, health practices, etc.
- In the space for “Parent/Teacher Communication,” place one check mark or “x” for each parent/teacher visit, phone call or correspondence by note/letter that occurred on the day for which you are completing the form.

**Outcome of Student Encounters Related to Illness or Injury:** Place one check mark or an “x” in a box to indicate whether the student was able to return to class following treatment for the illness or injury or whether the student was sent home.

**Total:** At the end of the day, total the number of checks for each section where there is a box labeled “Total.” (Note: The total number of student encounters may be less than the sum of all of the health services provided because some students may receive more than one service during an encounter.)

**Approximate amount of time spent documenting or billing for health services today:** Enter the approximate time spent documenting or billing for health services.

**Nurse’s Signature:** Write your signature on this line. Note that the school nurse assigned to the school should complete the Daily Summary of Health Services Encounters form.

**Page \_\_\_ of \_\_\_:** If you must use more than one sheet to track encounters for one day, at the end of the day staple the sheets together and in the first space after the word “Page” number the pages consecutively. In the second space write the total number of pages used for the day. (Example: If you used 3 pages for a specific day, the pages would be numbered 1 of 3, 2 of 3, and 3 of 3.).

**At the end of the two-week data collection period,** total all the results for each section and submit the total for the two-week period to the designated person within your school district using the Nurse’s Daily Summary of Health Services Encounters Report form by February 18, 2008.